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ABSTRACT

Examined were the cognitive and social play behaviors of hearing impaired kindergarten children. Relations probed included those between: (1) children's social and cognitive play and sign-based or oral-aural-based classroom instruction; (2) children's overall efforts to communicate and type of class instruction; and (3) the quality of children's peer interactions and type of instruction. In each type of classroom, a total of 10 children of 5 or 6 years participated in the study. Each child was observed and videotaped for 20 minutes during a free play session. Play behaviors were coded for social and cognitive levels. Howes' (1980) Peer Play Scale was used to assess the developmental sequence of subjects' play across five levels ranging from noninteractive, parallel play to interactive, reciprocal social play. Parents provided demographic data. Findings indicated that children in signing classrooms had higher levels of dramatic, social, and cognitive play behaviors than did children in oral-aural-based settings. In addition, children who used sign language engaged in fewer acts of aggression and used more cooperative play behaviors than did the other children. Mother's age was positively related to level of child's social play. (RH)

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The Social and Cognitive Play Behaviors of Hearing Impaired Preschool Children

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Running Head: Play of Hearing Impaired Children

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Abstract

This study compared the social and cognitive play behaviors of 10 children in sign based classroom versus 10 children in ora/aural classrooms. Children were observed and videotaped twenty minues in their kindergarten free play session. Their play was coded for social and cognitive levels. Parents completed a demographic idex. The Results show that children in classrooms of sign language demonstrated higher level os dramatic, social, and cognitive play behaviors than those children in oral/aural based settings. Also, children who used sign language demonstrated few action of aggression, and more cooperative play behaviors than the children who did not use sign language.

Introduction

The play of young children has often been described as a very natural and necessary medium for children to work through aggressive and other problem behaviors. Young handicapped preschool cheldren, particularly those with a hearing loss demonstrate high levels of aggressive behaviors, and poor social skills (Lederberg, Ryan & Robbins, 1986; Mindes, 1982). Numerous studies have shown developmental lags, and children's inability to cooperate with peers when there is a loss of communication (Mindes, 1982; Mann, 1984). Play therefore becomes extremely is important for hearing impaired children in terms of their social and emotional development.

Play has been linked to problem solving, coping skills, creative thinking, and the development of language (Johnson, Christie, & Yawkey, 1987). In addition, a tremendous amount of research (Rubin, Fein & Vandenberg, 1983) has been conducted in efforts to better understand the importance of play, and its relationship to cognitive development. Similarly, play has been found to be significantly related to the social and emotional development of the young child (Rubin, Fein, & Vandenberg, 1983). Still others (Piaget, 1962; Parten, 1932; Smilansky, 1968) have clearly shown the developmental importance of play in children's cognitive and social growth. Other researchers (Johnson & Roopinarine, 1983) have found play to related to positive language gains, and social skill development.

Given the important relationship of play to social, language, and cognitive growth, it is clear that play is a desirable behavior. It seems evident that the play of young children is a valuable index of their overall

development. As educators, we are in the position to assess children's cognitive, socio-emotional, and physical needs by observing their play. Through careful analysis we can assess children's language abilities, problem solving experiences, and sense of security with life while they learn. The observation of children's play is also utilized as a diagnostic tool to identify the social and emotional needs of young children. Certainly, it is important that we recognize the quality and quantity of young preschool children's play behavior since it is such a valid indicator of their development.

In recent years, the quality and quantity of verbal exchanges and positive social bids in hearing impaired preschoolers' social interactions leads one to strongly question the importance of the child's total communicative ability. One needs to only look at children's play patterns, styles of verbal and nonverbal communication, to realize the differences and deficits of children with handicapping conditions (Steinkamp, 1987; Hill & McCune-Nicolich, 1981). As our country shifts its' attention and energy to early intervention, the instructional needs of hearing impaired preschool children becomes an evident and critical responsibility of teachers, parents, and clinicians.

As Vandell & George (1981) clearly point out in their work, communication needs to be defined more broadly to include nonverbal modes such as gestures, touches, and pantomime. One also needs to recognize differences in quality, and diversity of instructional programs for young children. Of equal importance, is the diversity of instructional methods and strategies teachers of young deaf children utilize. Many teachers of young deaf children

incorporate a curriculum which emphasizes the oral aspect of language. With oral/aural based instruction, children receive all communication input through amplification of sound and speechreading, and express themselves through speech alone.

Still other teachers of the deaf and hearing impaired rely, to some degree, on the use of some sign language system in their instruction while incorporating oral/aural methods, both expressively and receptively. This method allows every hearing impaired child to communicate by whatever means are best for that child, whether it be by signs, gestures, writing, speech or some other mode.

Program decisions, and the method of instruction are based on the teachers education training, and experiences with deaf or hearing impaired individuals or a variety of programs involving language development have evolved with the emphasis on improving social interactions and building on the naturally occuring events in the classroom (Hart & Risley, 1980). Other programs have focused on an environmental intervention approach where the classroom setting is carefully engineered and activities are specifically arranged around objectives. As one would expect, real life or natural situations have repeatedly been found to be more effective in soliciting natural spontaneous communication (Ravers, 1987; Garvey & Hogan, 1973). For example, the educational philosophy of the school district (Preisler, 1984; Hoemman, 1972).

There is a <u>great deal</u> of literature that shows inadequate social skills among young deaf children (Crain 1965; Hoeman 1972). Using a variety of standardized instruments, researchers have reported that deaf children and

adolescents score lower than hearing children on social maturity (Myklebust, 1960) and self perceptions (Craig, 1965).

Given a more comprehensive definition of communication, perhaps the research on deaf children's social and language competence would appear quite different. Deaf children have been found to have interest and skill in social interactions even though they lacked language skills (Vandell & George, 1981). Preschool children with hearing losses have demonstrated cooperative play, frequent physical and verbal initiations. Preschool children with and without hearing loss are quite physical in their communictaion and play. It is not unusual for the hearing and hearing impaired child to be benaged in many nonverbal dialogues.

In a study by Vandell & George (1981) deaf children were found to be more persistent in their social initiations than their hearing counterparts. While the children did not have the language skills equivalent to the hearing children, they developed alternative interaction strategies which were readily accepted by their deaf peers which included jestures, nudges, and taps. However, the hearing children did not accommodate or accept the deaf child's initiations or efforts in communication. Given the importance of peer communication, this seems quite logical in their social interactions.

It is clear that the deaf child's total communicative competence needs to be examined but in the context of natural activity in the home or instructional environment. In contrast with the argument that preschoolers are egocentric, sophisticated rather elaborate social interactions skills have been documented in hearing impaired preschool children (Garvey & Hogan, 1973; Vandell & George, 1981). In fact, the work of Vandell & George (1981) shows

that deaf children are persistent initiators who frequently combine social acts. The deaf preschoolers were found to have more difficulty in interactions than their hearing partners, primarily because of negative responses from the hearing peers in play and instruction. This may occur as a result of the hearing peers not understanding the speech of the deaf children or their heavy dependence on gestures or signs. It is also a possibility that hearing playmates withdraw from further interaction when the hearing impaired child unwittingly misunderstands or misinterprets a spoken message.

Purpose

The purpose of the present study was to examine the cognitive and social play behaviors of hearing impaired kindergarten children. More specifically, the intent of the study was to examine the relationship of class instruction, communication strategies, and the peer interactions of deaf children. Three questions were asked in the present study: (1) Is there a relationship between children's social and cognitive play and the method of class instruction? (sign-based versus oral/aural-based instruction) (2) Is there a relationship between the child's overall communication efforts and class instruction? (3) Is there a relationship between the child's peer interactions and the method of class instruction?

Method

Subjects

The sample consisted of twenty hearing impaired Kindergarten children and their parents from the city of Milwaukee, Wisconsin. The children ranged in age from 5.4 to 6.3 years of age. The mean age was 5.8 years old. All children attended a half day kindergarten program in the Milwaukee Public Schools. Ten children attended a Kindergarten Program which emphasized an oral/aural language approach and which did not incorporate any form of sign language. The remaining ten children were enrolled in a class which utilized a sign language system along with oral language.

Nine children were born deaf, seven were later identified as hearing impaired at the age of 1 year, and 4 children were screened and identified with hearing problems by the age of three. The cause of deafness for eleven children was identified as unknown, for three german measles was identified, and six parents reported heredity as a reason for their child's hearing loss. Of the twenty children, 12 were girls, and 8 were boys.

Marital status showed that seven couples were married, and thirteen adults were single parents. Nine of the thirteen divorced couples reported the divorce occuring within two years after the birth of the child with the hearing loss, which supports the findings that the birth of any handicapped child puts additional strain and stress on family relationships. In addition to the guilt which often accompanies a severe hearing loss, medical care, consultations, and the need of hearing aids also bring heavy financial burdens. The question of educational programming and communication methods also puts burdens on families as they struggle to be practical while fighting emotional trauma. Thus, the statistics here would seem to be in line with what's expected, or the norm.

Mothers ranged in age from 22 to 37 years of age. The mean age was 30 years old. Few fathers were in the home, and age was not consistently provided in the index. Thirteen families were headed by a single mother, and only 7 families were dual parent households. A summary of demographic information is presented in Table 1.

All parents reported their hearing status through a demographic index. For the mothers, five were deaf, or with severe hearing loss, and the remaining fifteen were hearing parents. Similarly, for the fathers, five were deaf, and fifteen were hearing parents. Six mothers were able to use sign language to communicate easily with their children, or at least adequately sign. Fourteen mothers could not adequately sign to their children. Of the fathers, 7 reported an adequate use of sign language, and 13 did not know sign language at all. It is interesting to note that the couples that were still together were deaf which would seem to indicate the critical role that communication plays in relationships.

The composition of the family ranged from one to four children. The mean number of children was two. Five families identified having a second child with a hearing disability.

The mother's education information showed that two had less than a high school degree, nine earned a high school degree, and nine received a college degree. For the fathers, only one earned a high school degree, and 14 earned a college degree or two years of specialized occupational training. Occupations for the sample involved a variety of jobs. For mothers, nine reported being homemakers. Six mothers worked as clerical, craft, or blue collar employees. Only two mothers described themselves as professionals.

Similarly, for the fathers, 8 parents reported sales, crafts, or blue collar positions. Only 1 father worked in a professional position.

Employment status for all parents showed that for mothers, twelve worked either part time or full time. Eight of the total were not employed and stayed home as homemakers. In contrast, 17 fathers worked full time, and three part time positions.

Procedures

The children were videotaped in small group play sessions consisting of no more than six children. All children were filmed in a twenty minute session of time. All children were given a choice of play areas: housekeeping or block corner. Children were asked to choose their play mates for the play session to assure peer familiarity and comfort. The children were not filmed until they were engaged in play for at least ten minutes. Toys, props and materials thought to facilitate or promote social interaction were provided (Quilitch & Risley, 1973; Sutton-Smith, 1986). For example, dishes, dolls, blocks, and trucks were provided in the area.

Prior to filming, the two researchers talked with the children briefly. In addition, most of the children were familiar with one of the researchers through other contacts in the school. In the classrooms, the teachers expressed an interest in the research and welcomed the researchers. Introductions were made to the children, and casual conversation was maintained prior to the filming. However, during the taping, the researchers did not interact with the children.

Measures

The researchers defined play as a complex process which involves cognitive, social, and emotional aspects of development. More specifically, types of play have been identified as adopted from Sarah Smilansky's (1968) research. Functional play involves simple muscular activities and repetitive muscular movements. Functional play can be with or without objects. Constructive play is defined as behavior involving manipulation of objects. Here the child constructs or creates something. For example, building with blocks, rolling play dough, or measuring with water beakers. Dramatic play occurs when a child takes on a role, or pretends to be someone else through imitating another person in actions and speech. This type of play can involve real objects, or imagined materials (Rubin, 1977).

For Social play, the Peer Play Scale (Howes, 1980) was utilized and involved five levels of children's play. The scale was used to assess the developmental sequence of children's play from noninteractive parallel play to interactive, reciprocal social play. The five levels are:

Level One

Two children are engaged in similar activities but do not engage in eye contact or social behavior.

Examples include: (a) two children are driving big trucks around the room. There is no eye contact, or social bids; and (b) Two children are in the sand box, playing side-by-side. Both children are absorbed in their own activities. Neither child is aware of the other's activity.

Level Two

Parallel Play with Mutual Regard: The children are engaged in the same or similar activity as in Level 1 but they engage in mutual regard or eye contact, and are aware of one another.

Examples include: (a) Two children are on the swingset swinging. The one child looks over and smiled at the other; and (b) Two children are playing school in an area, where both children show interest in the other's activity.

Level Three

Simple Social Play: While engaging in the same or similar activity, each child must direct a social bid to the other (e.g., help with a task, receive or offer).

Examples include: (a) Two children are in the housekeeping area, where one child exchanges a spatula for a skillet; and (b) Two children are riding tricycles around a play yard, where one child directs the other child over a bridge.

Level Four

Complementary and Reciprocial Play with Mutual Awareness: Two children engage in complementary and reciprocal activities and in mutual regard or show mutual awareness.

Examples include: (a) One child is cooking a breakfast, and the other child is setting the table. There are no verbalizations or social bids, and (b) One child gives the other a haircut.

Level Five

Activity level is the same as that in Level 4 but each child directs a social bid to the other as in Level 3.

Examples include: (a) Two children in housekeeping area talking about their favorite foods. One child becomes the cook, the other child assumes the role of a father; and (b) The children prepare a dinner and then exchange roles.

Coding

Each videotaped observation was transcribed into a narrative documentation of the children's verbal and nonverbal exchanges. The Peer Play Scale (Howes, 1981) was used to score children's social play levels. Childrens play was scored for each of the five levels. Observation of cognitive, functional, construction, or dramatic play were documented based on the descriptions of Smilansky (1968). The form of play was observed and documented as either present or absent. The rating of each child's play behavior was coded independently by the two researchers. Both raters observed and scored the children's cognitive, functional, constructive, dramatic and social play behaviors. Each videotaped observation was transcribed using an event sample form. Reliability for the coding of the play sessions was .83.

Analysis

The analysis of the data involved three processes. First, descriptive statistics were calculated to obtain summary information on the characteristics of the sample. Second t-tests were conducted to identify significant differences in the children's play behavior based on classroom

instruction. Finally, Pearson Product Correlations were computed to assess correlations among the play observation instruments, independent variables of age, education and income, and class method.

Results

A two tailed t-test was used to detect a difference in the means of those children with oral/aural based instruction versus instruction incorporating a sign language system. A separate variance t-test was conducted since the variances were unequal.

The dependent measures in the investigation were the summed occurences of the social play levels. Functional, constructive and dramatic play behaviors were documented as either present or absent in the play sessions.

Differences in children's play were identified. For functional and constructive play, no significant differences were found between the two groups of children. However, a significant difference in social play was found between the two groups of children ($t=-4.58$, $p<.001$, $df=11.31$). Similarly, for dramatic play, the two groups differed in behavior ($t=3.18$, $p<.005$, $df=18$). A summary of these t-test results are presented in Table 2.

Insert Table 1 here

Children in classrooms where sign language was incorporated demonstrated higher levels of social play ($x=3.6$, $SD+1.43$), than those in rooms where oral/aural instruction prevailed ($x=1.4$, $SD=.52$).

Dramatic play was also more frequent for those children who used sign language (x=.4, SD=.50) than for those children who used no sign system (x=.1, SD=.48). A summary of these results are presented in Table 2.

For the independent variables of age, education, and income, one significant correlation was found in the results. The mother's age was positively related to the child's social play. The older the mother, the higher the level of social play that was demonstrated. Education and income of the parent were not found to be significantly related to the child's play.

Narratives on each play session were documented to note verbal and physical interactions among the children. Descriptive notes revealed that children in classes which incorporated some sign system touched, gestured, motioned, and vocalized nearly twice as much as those in oral/aural based settings. The number of aggressive actions which included pushes, hits, destruction of materials, and grabbing, occurred 17 times in the classroom where sign language was not utilized. Only 2 aggressive actions were noted for the children in the sign based setting.

Discussion

This study documented several important differences in children's play behaviors which were related to method of class instruction. For the hearing impaired child, use of a sign system in conjuction with oral expression seemed critical in initiating and sustaining communication in play. Indexes of social and dramatic play showed that children did in fact operate on a very physical level of communication, and that a manual system was a necessary tool in social interactions, and communication. The results of this study clearly

show the importance of a total communication system for young hearing impaired children. Hearing and hearing impaired children require and rely heavily on nonverbal communication through gestures, touches, and general movement. This particular study supports earlier research (Vandell & George, 1981; Mann, 1984) which shows that hearing impaired children need to express themselves manually as well as orally to their peers.

One needs to only observe children in social interactions to realize that a total communication system is required to sustain play. The higher indexes of social and dramatic play for those children who used a sign system was clear and consistent in the research. Children who utilized sign played house, made milk shakes, rode on pretend buses, and re-enacted a barbershop complete with invisible scissors. Children signed to exchange roles, create new recipes, and continue the play frame. Pretend play episodes involved from three to five chidlren frequently with props, and a high level of affect and activity was observed. Children in classes which did not involve a sign system primarily engaged in solitary play, rarely vocalized, made few gestures, and did not demonstrate an interactive or cooperative form of play behavior.

The levels of aggression, solitary, and functional play were frequent in the classes of oral/aural instruction. Such results have important implications for professionals who work with hearing impaired children. Efforts to increse positive social interaction among young hearing impaired children must be implemented to ensure healthy social skill development. High levels of solitary play, frustrated communication efforts, and low levels of peer interaction are clear signs of poor development.

Since the research demonstrates that the quality and quantity of children's play is directly related to instructional method used in the classroom, children must be provided with a communication system that allows and encourages play. It seems clear that social interactions sould improve among hearing impaired children if sign language were used in instruction. This study showed marked differences in quality of interactions in children and the importance and role of play in the classroom. These results support earlier research , shows quantitative rather than qualitative differences in play of children with hearing losses (Mann, 1984).

Although the sample is small, the demographics of this sample also point to important considerations for teachers and professionals who work with the hearing impaired. Seventeen of the twenty parents were divorced. Twelve reported through the index that having a hearing impaired child was a serious stress factor in the family and marriage. Younger parents seemed to have children with more severe hearing losses, and identified the loss much later than the older mother. These characteristics certainly point to concerns of family functioning, stability and the importance of parent education. Delayed diagnosis of the child's hearing loss places the child at great risk in development, and is of equal concern. It is not a question of play having value.

References

Almy, M., Monighan, P., Scales, B., & Van Hoorn, J. (1984). Recent research in play: The teacher's perspective. In L. Katz (Ed.), Current topics in early childhood education. Norwood, NJ: Ablex.

Cheyne, J., & Rubin, K. (1983). Playful precursers of problem solving skills. Developmental Psychology, 3, 240-248.

Craig, H. B. (1965). A sociometric investigation of self concept of the deaf child. American Annals of the Deaf, 110, 456-478.

Day, P. (1985). Expressions of communicative intentions by young learning impaired children. Paper presented at the Annual Convention of the American-Speech and Language-Hearing Association (12th, Washington D.C., November 22-25).

Hill, P. & McCune-Nicolich, L. (1981). Pretend play and patterns of cognition in Down's Syndrome Children, 52, 611-617.

Johnson, J. E., Christie, J., & Yawkey, T. (1987). Play and early development. IL: Scott, Foresman and Company.

Johnson, J. E., & Roopnarine, J. L. (1983). The preschool classroom and sex differences in children's play. In M. Liss (Ed.), Social and cognitive skills: Sex roles and children's play. New York Academic Press.

Lederberg, A.; Ryan, H.; Robbins, B. (1986). Peer interaction in young deaf children: The effect of partner hearing status and familiarity. Developmental Psychology, 5(22), 691-700.

Mann, Lynn. (1984). Play behaviors of deaf and hearing children. In International Symposium on Cognition, Education, and Deafness. (Washington D.C., June 5-8, 1984) Working papers, Volume I and II, David S. Martin.

McHale, S. M., & Olley, J. G. (1982). Using play to facilitate the social development of handicapped children. Topics in Early Childhood Special Education, 2, 76-86.

Monigham-Hourot, P., Scales, B., & Van Hoorn, J. (with Almy, M). (1987). Looking at children's play. A bridge between theory and practice. New York: Teachers College Press.

Myklebust, H. R. (1960). The psychology of deafness, sensory deprivation, learning and adjustment. New York: Grune & Stratton.

Piaget, J. (1962). Play, dreams, and imitation in childhood. New York: W. W. Norton.

Pien, D. (1984). The development of language functions in deaf infants of hearing parents. In International Symposium on Cognition, Education, and Deafness. (Washington D.C., June 5-8, 1984), Working papers Volume 1 and 2, David S. Martin, Ed.

Priesler, G. (1984). Deaf children in communication: A study of communicative strategies used by deaf children in social interactions. International Journal of Rehabilibation-Research, 4(7) 450-452.

Quilitch, H. R., & Risley, T. R. (1973). The effects of play materials on social play. Journal of Applied Behavior Analysis, 6, 573-578.

Raver, S. (1987). Practical procedures for increasing spontaneous language in language delayed preschoolers. Journal of the Division of Early Childhood, 3(11), 226-232.

Rubin, K., Fein, G., & Vandenberg, C. (1983). Play in E.M. Hetherington (Ed.), Carmichael's Manual of Child Psychology: Social Development. new York: Wiley.

Rubin, K. H., & Howe, N. (1985). Toys and play behaviors: Overview. Topics in Early Childhood Special Education, 5, 1-9.

Singer, D. G. (1986). Make-believe play anbd learning. In J. S. McKee (Ed.), Play: Working partner of growth (pp. 8-14). Weaton, ND: Association for Childhood Education International.

Smilansky, S. (1968). The effect of sociodramatic play on disadvantaged preschool children. New York: John Wiley.

Sutton-Smith, B. (1980). Play isn't just kids stuff. In J. S. McKee (Ed.), Annual editions: Early childhood education 80/81. Guilford, CT: Dushkin.

Sutton-Smith, B. (1986). Toys as culture. New York: Gardner Press.

Vandell, D. & George, L. (1981). Social interaction in hearing and Deaf Preschoolers: Success and failures in initiations. Child Development. 52, 627-635.

Table 1

T Test Results for Functional Constructive, Dramatic Play and Social Play for Combined Play Sessions

	Number of Cases	Mean	Standard Deviation	T Value	Degrees of Freedom	Tail & Probability
Functional Play						
Oral Based Instruction	10	.9	.32	1.10	15.5	.29
Sign Based Instruction	10	.7	.32			
Constructive						
Oral Based Instruction	10	.7	.48	.00	18.	1.0
Sign Based Instruction	10	.7	.48			
Dramatic						
Oral Based Instruction	10	.20	.42	-3.18	18	.005
Sign Based Instruction	10	.80	.42			
Social Play						
Oral Based Instruction	10		.52	-4.58	11.31	.001
Sign Based Instruction	10		1.43			

Table 2

Means and Standard Deviations of Functional, Constructive, Dramatic and Social Play Behaviors for Children in Oral/Aural and Sign Based Classrooms

	Functional		Constructive		Dramatic		Social	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Oral/Aural Children	.5	.53	.7	.48	.1	.28	1.4	.52
Sign Based Children	.9	.32	.7	.42	.4	.51	3.6	1.43

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